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ABSTRACT

Gestalt Therapy is in a growth crisis. In practice, there is an abundance of inadequate practitioners and trainers of Gestalt Therapy. In the literature, there is an abundance of introductory works, a paucity of advanced texts, and a misunderstanding and inadequate representation of Gestalt Therapy. Gestalt Therapy training is confused by unclear definitions. A reform in the training procedures for Gestalt Therapists at the Gestalt Therapy Institute of Los Angeles emphasizes three basic policies, i.e., teaching Gestalt Therapy through emphasis on: (1) the basic philosophy including the principles of phenomenology, dialogic existentialism, and field theory; (2) the self-support of trainees including individual and group Gestalt Therapy early in the program; and (3) professional background and clinical sophistication. Abuses in practice, inadequacies in the literature, and the need for a clearer definition of Gestalt Therapy could all be addressed by a national Gestalt Therapy association whose aim would be excellence and competence in Gestalt Therapy and the advancement of the theory and development of Gestalt Therapy. (Author/NRB)

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MEDIOCRITY OR EXCELLENCE: AN IDENTITY CRISIS IN GESTALT THERAPY TRAINING

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Mediocrity or Excellence:
An Identity Crisis in Gestalt Therapy Training[1]

Gary M. Yontef, Ph.D.

The Crisis

Gestalt Therapy is facing a crisis the resolution of which will determine whether Gestalt Therapy will survive and, if so, what will be its nature and quality. Times have changed in the four decades since the beginning of Gestalt Therapy. Although Gestalt Therapists identify themselves as promoters of excellence in psychotherapy, Gestalt Therapy is often perceived as a simplistic or inadequate system. The popularity of Gestalt Therapy in the professional community has waned from the status of an almost acceptable fad to the status of a ne'er-do-well. At one time Gestalt Therapy was resisted by conservative elements in the establishment because it was so revolutionary. Now it is looked on warily by observers of all persuasions. It is time to pay attention to our critics and take stock. Gestalt Therapy can decline to contend with its deficiencies only at its peril.

I do not doubt that individuals now calling themselves Gestalt Therapists have a bright professional future. I also have no fear for the future of the separate principles upon which Gestalt Therapy is built -- for they are the principles of good psychotherapy. But what of the future of Gestalt Therapy as a whole system: Will these principles be practiced as a whole system by therapists labeled Gestalt Therapists?

Although there is always a choice between excellence and mediocrity, Gestalt Therapy is presently at a particularly crucial choice point. I fear for the future of Gestalt Therapy unless the choice is made for excellence over mediocrity. At our present moment in Gestalt Therapy's history, I believe excellence revolves around the question of what Gestalt Therapy is, what it takes to be a good Gestalt Therapist, and how our training programs embody our perspectives.

The Practice Crisis

There is presently an abundance of inadequate practitioners and trainers of Gestalt Therapy. There are those who consider Gestalt Therapy a bag of rules or techniques, e.g., using an empty chair or "feeding a sentence." There are therapists who practice Gestalt Therapy as a form of emotional catharsis or hedonistic pleasure-seeking. There are those who take delight in demonstrating how effectively a Gestalt Therapist can frustrate a patient and are proud of not being helpful. There are those who believe in being helpful, ask why, use words like "should," "duty," "can't," "but," "it." All of the above are distortions of Gestalt Therapy.

Moreover, the range of horror stories about people called Gestalt Therapists has expanded. The under-trained, under-modest, over-zealous, narcissistic therapists and counselors who use the name Gestalt Therapy to

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[1]I want to express my appreciation to: Todd Burley, Ph.D.; Jeffrey Hutter, Ph.D.; Lynne Jacobs, Ph.D.; and Robert W. Resnick, Ph.D. for their aid in the preparation of this paper.

justify their practice has expanded. Many have done so for years and can thus claim to be experienced 'Gestalt Therapists." Still under-trained they now act authoritatively, do training, and set up institutes.

There is a vast range of behaviors parading under the banner of Gestalt Therapy. That diversity is a two-edged sword. It is at once the great pride of Gestalt Therapy that diversity is promoted and appreciated and simultaneously it is a weakness that as a community, Gestalt Therapy sets out no clear definition of belief or practice or clear limits to practice, and as a community is tolerant of incompetence, naivete, charlatanism, adolescent rebellion and narcissism in the practice of Gestalt Therapy.

The Crisis in Theory and Literature

All therapies have their simplistic, rigid or incompetent practitioners. But in Gestalt Therapy there are cliches that seem to make a positive virtue of a negative practice. For example, if you take literally what Perls wrote, it could seem to be the therapist's chief responsibility to frustrate the patient. Unfortunately, there is no central organization in Gestalt Therapy to say: "This is not good Gestalt practice."

The Gestalt Therapy literature has an abundance of introductory works that repeat cliches and a paucity of advanced texts. Gestalt Therapy needs advanced treatises to which practitioners, researchers, professors, students, writers can turn. Some have been produced, but more are needed and there is needed a higher profile for those theorists who address theoretical questions in writing, including questions of what Gestalt Therapy is and who can do it. When abusers are allowed to speak for the Gestalt Therapy community, and when the literature repeats cliches and introductions but has a paucity of advanced texts, Gestalt Therapy earns a certain wariness and even animosity. Gestalt Therapists decry the critics, but have done little to deal with their criticisms.

Once Gestalt Therapy was ignored in texts of all sorts. Now a great danger presents itself: texts report Fritz Perls' writings as the essence of Gestalt Therapy. But actually, Perls presented fragments, thoughts that could be made into a consistent theory with proper elaboration. The practice of Gestalt Therapy has been so successful that Gestalt Therapy has comanded attention beyond that which is warranted by the quality of much of its literature. Commentators that appear to be of good faith constantly misunderstand Gestalt Therapy and inadequately represent it. Do we take responsibility for the quality and quantity of our literature?

What Is Gestalt Therapy?

Excellence in Gestalt Therapy training requires clarity of definition. It used to seem clear what Gestalt Therapy was and was not. Psychoanalysts were obsessively focused on the past, unable to contact in a personal, warm caring manner, talked of castration anxiety and such as that and not about the whole person. Rogerians were "nice," but did not do anything. Encounter group leaders were brash manipulators who brought people into conformity with their biases using group pressure. Behavior modifiers did not know their patients had minds or emotions. Gestalt Therapists were the "good guys" riding the crest of popularity.

Times have changed and the stereotypes which were never true seem even more ludicrous now. Kohut, Guntrip, Kernberg, Masterson, Mahler, Salzman,

Schaffer and many others have modified the shape of psychoanalysis, so that it is more cognizant of the whole person and occasionally even approaches process language (Schaffer) and dialogue. Rogers, Gendlin and other have long since transcended the passivity of the original Rogerian approach. Cognitive behavior modification, behavioral counseling, and other changes have enlarged the vision of clinical behavior modification.

Gestalt principles have found their way into the eclectic practice of psychotherapy. Use of the active presence of the therapist, experimentation, here-and-now emphasis, faith in autonomous self-regulation, trust in Awareness, etc., are no longer the exclusive property of Gestalt Therapy.

It is obvious to this writer that a clearer definition of Gestalt Therapy as a theory and as a community is needed. Neither slavishly repeating old cliches nor blithely discarding old knowledge will meet this need.

Muddled definitions of Gestalt Therapy abound. Most of these define Gestalt Therapy as a set of techniques and/or rules. If Gestalt Therapy were a set of rules or techniques, I would not care about its survival. Such "definitions" mistake an example for the essence. All current techniques and rules could be dispensed with without diminishing Gestalt Therapy, e.g., using an empty chair, doing one-on-one hot-seat therapy in a group, emphasis on frustrating patients, rules against attending to any object of a patient's awareness when the object is not present in space (here) and time (now).

Some define Gestalt Therapy as a set of rules and/or techniques and practice accordingly, i.e., mechanically. Of course, others accept such a definition and spurn Gestalt Therapy. Some accept such a definition and add some of what is excluded in their assortment of prescribed Gestalt Therapy techniques. They do: "Gestalt Therapy and..." If they define Gestalt Therapy so as to exclude movement, it becomes "Gestalt Therapy and Movement" or "Gestalt Therapy and Bioenergetics." This type of definition impoverishes Gestalt Therapy; "Gestalt Therapy and..." adds to a person' repetoire but without integration. "Eclectic' or "holistic' becomes distorted into a potpourri of techniques without order. For training purposes this is disastrous. It is an avoidance of the hard theoretical work of finding the true core of Gestalt Therapy as a whole, integrating system and finding how diverse techniques, ideas, styles, emphases, interrelate within that system.

While such muddled definitions of Gestalt Therapy are too exclusionary, others have a muddled vision that goes to the opposite extreme. They do see Gestalt Therapy as something more vital and integrated than a bag of tricks, but "define" Gestalt Therapy as "anything a Gestalt Therapist does. This is no definition at all. Gestalt Therapy is what any Gestalt Therapist does? Even the incompetent? That is too inclusive, indiscriminate and politically and theoretically unsound. Moreover, it makes Gestalt Therapy unteachable except by charisma. That would mean either doing anything at all and calling it Gestalt Therapy or else learning by imitating a guru.

An advance toward a clearer core definition and clearer boundaries is in the embryonic stage (Yontef, 1976, 1980). My thoughts on defining Gestalt Therapy can be seen below in this section: "Teaching the Philosophic Foundations of Gestalt Therapy.' Gestalt Therapy as a fad is already being rapidly replaced by new fads. Popularity build on something more solid depends on quality. Mediocre, diffuse and fuzzy-headed definitions and articles are correlated with poor training, poor therapy, and a short, meteoric existence.

The Crisis in Community Organization

It is not only the definition of Gestalt Therapy as a theory or practice that has suffered from mediocrity and a lack of a clear definition, but the political definition and theoretical anarchy in Gestalt Therapy.[2] This can be seen in the lack of a national structure and locally in the multiplicity of competing Institutes in any single city. This is a diffuse identity at the community level.

Individual Gestalt Therapists and trainers have presented Gestalt Therapy to the world with competence and even excellence.[3] The theoretical inadequacies, distortions and practice abuses have been protested. But these individuals do so alone and not in concert. We do not have the support of a national Gestalt community since the national Gestalt community lacks structure.

Gestalt Therapists need a national organization, a professional association. They need community action to identify clearly what Gestalt Therapy is, who is a Gestalt Therapist, and to certify people who train and certify therapists accordingly. The alternative is for Gestalt Therapy to continue to train and practice as isolated individuals and groups. Each "doing his or her own thing," each in its own space, with no community and very little dialogue. In short, Gestalt Therapy has a choice between clearly defining itself, choosing the nature of its identity and surviving because of excellence or living in anarchy and mediocrity and hoping for the best.

The anarchic emphasis in Gestalt Therapy is understandable from a historical perspective. Gestalt Therapy started as a revolution against a conservative psychological community that inhibited innovation, especially on basic ideology. But established structure is no longer sacred. This rebellion has largely succeeded -- "eclectic" and "experimental" have become the order of the day. As Gestalt Therapy experiments have yielded results that were adopted by the field, and, as Gestalt Therapists have been freed from old restraints, there is a need to move on to a new synthesis. Being anti-establishment is no longer an adequate orientation.

Many confuse organismic self-regulation, freedom and spontaneity with anarchy. This "un-Gestalt" kind of dichotomous thinking would best be replaced by field thinking, by a dialectical synthesis of conservative and creative: freedom and discipline/responsibility; flowing process and established structure; mind and feelings.

A naive anarchy that has precluded effective community organization has been a significant aspect of mediocrity in Gestalt Therapy. Good ego functioning includes organization, order and purpose, as well as, spontaneity -- not chronic disorder, diffusion and an "anything goes" attitude. Similarly, the good therapist does not merely track and follow in episodic impulsivity. At a community level a lack of structure spells no effective community at all.

Although the trainers of the Gestalt Therapy Institute of Los Angeles (GTILA) function on a collegial, egalitarian, consensual model, we have found that without clearly demarcated lines of authority and accountability, programs fail to flourish over a long period of time. We have become much

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[2]This anarchistic tradition is based in part on the thinking of Paul Goodman.

[3]For example, Polster and Polster, 1973 and Zinker, 1977.

clearer and sharper in assigning tasks and powers; individual trainers have increasingly taken responsibility for the community chores. This new attitude has enabled us to put into effect such changes as: establishing a low fee, public clinic; closer attention to the progress and deficiencies of individual trainees; special courses to address needs of groups of trainees (e.g., psychodiagnostics and advanced Gestalt Theory); more firmness and clarity in insisting on adherence to professional ethics. There is no equivalent delineation of responsibility on a national level. Nationally no one is responsible for defining Gestalt Therapy, for dealing with abuses, or for certification of institutes, trainers or practitioners.

The Gestalt Therapy community also needs to define itself in respect to research, i.e., to conduct research or at least to support and publish research that is consistent with our philosophy. We need to test out ideas more systematically rather than merely propogate them. Neglect of this has resulted in a small amount of research and most of it of poor quality and with a marked pro or anti Gestalt Therapy bias. In the past, GTILA has earmarked special funds for small researchers through our research committee. It would be desireable for Gestalt Therapy to do the same on a national level.

Solutions

I am advocating more attention to those causes of the crisis and decline in Gestalt Therapy's repute that are within our control. Abuses in practice, inadequacies in the literature and the need for a clearer definition of Gestalt Therapy could all be addressed by a nacional organization. We are in need of the support of a structure that is clear, unifying and defines tasks and responsibilities.

Further I advocate that training be more rigorous and that a national organization take a stand on who is qualified to do that training.

Reforming the Los Angeles Institute (GTILA)

In 1975 GTILA undertook a major program revision aimed at increasing the rigor of training. Increasing the quality of training meant increasing the cost of the program, being more selective about prerequisites, and concomitant to that, a reduction in the size of the program. As head of the training faculty at the Institute before, during and after that reform, I have been in a position to see the consequences of different training practices on the quality of the therapy done by our trainees. Our revisions have resulted in our advanced trainees and graduates being much better trained and doing much better therapy than before the revision. My conclusion: positive action can be taken to resolve the crisis.

However, I must note that in spite of this and in spite of GTILA's generally good reputation, Gestalt Therapy itself is increasingly poorly regarded in Los Angeles. Deficiencies in the literature and prevalance (and perhaps preponderance) of practitioners and "trainers" throughout the country who practice and teach Gestalt Therapy without excellence and sophistication make it a formidable task for any local institute to combat alone. While I discuss some of these advances, I am cognizant and want to emphasize that these advances must lead to deeper and broader transformations in theory and community organization to adequately meet the present crisis.

In reforming the program in Los Angeles we considered what preparation a trainee needs to benefit from Gestalt Therapy training. We decided three

areas of preparation were needed even before training in doing Gestalt Therapy and committed ourselves to three emphases that addressed the needs: 1. Teaching Gestalt Therapy by emphasizing the basic philosophy including the principles of phenomenology, dialogic existentialism and field theory. 2. Emphasis on the self-support of trainees and including individual and group Gestalt Therapy early in the program. 3. Emphasis on professional background and clinical sophistication.

We made advances in excellence by defining and teaching Gestalt Therapy in terms of its basic philosophical tenets. From the beginning of a trainee's training we assiduously emphasize basic understanding rather than cliches and techniques. We teach Gestalt Therapy as a whole system. We insist all through training on general professional standards (including clinical sophistication) and insist on attention to personal and characterological support of the trainees and trainers.

These three advances are elaborated below.

1. Teaching the Philosophical Foundation of Gestalt Therapy

Teaching directly and didactically the basic philosophic principles of Gestalt Therapy as well as the principles of the clinical methodology and also relating particular concepts, strategy, techniques to that philosophy and methodology is a definite improvement over the older approach to Gestalt theory which was chaotic and haphazard. Instead of unrelated mini-raps and introductory level lectures, the teaching of Gestalt theory requires effort to define terms, elaborate, interrelate concepts, develop continuity, relate ideas to philosophic roots, distinguish particular examples from general principles, etc.

In this section I will give a synopsis of the three most basic foundation, philosophic principles of Gestalt Therapy. This is an outline rather than an explication of the basic concepts to a naive audience. To those who may identify themselves as Gestalt Therapists or even trainers of Gesalt Therapy who are not conversant with these principles, I suggest a reconsideration without defensiveness of the need for cognitive supports[4] The relative neglect of conceptual supports in the earlier training given to Gestalt Therapists does not indicate that we should continue to do so.

A. Phenomenology

Gestalt Therapy is not only an experiential form of psychotherapy, it is specifically phenomenological (Yontef, 1976).[5] When Perls referred to the obvious he was speaking of a phenomenological concept. However, he did not elucidate the background necessary to understand that philosophy.

Letting the obvious or "given' impress itself on the therapist requires an "immaculate discipline" (Zinker, 1977). One part of that discipline is

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[4]To give some idea of the magnitude of the task of giving an introductory description of the philosophy one can note that when I offered the first introductory course for the Gestalt Therapy Institute of Los Angeles it was only a beginning course and took twenty hours of straight didactics. This same minimal introductory course is now twice that length.

[5]I consider the phenomenological and dialogic aspects of equal importance. Both are indispensable to Gestalt Therapy. I have elaborated more on the latter in this paper because of my assessment of a greater need for elaboration and not because it is more important.

bracketing. To put in brackets means to suspend any metaphysical biases, rules of evidence, etc. This discipline is an essential part of how a clinician can have biases and still accept the patient and his phenomenological biases as valid.

To focus in the Gestalt Therapy manner requires an understanding of the differences between a change program with exercises (which are designed to modify behavior toward a preordained goal) and an experiment. Gestalt Therapy is an experimental phenomenology and is not a form of behavior modification.

B. Dialogic Existentialism

Gestalt Therapy is existential in the general sense that it emphasizes the current existence of the patient and the responsiblity and choice of the patient in forging his own existence. In the 1940's when Perls started contrasting Gestalt Therapy and classical psychoanalysis, the emphasis on current existence, responsibility and choice did discriminate Gestalt Therapy from other therapies. There has been enough of an eclectic acceptance of these general existential concepts that now they do not adequately discriminate Gestalt Therapy from other therapies.

Gestalt Therapy is existential in a more specific way. Gestalt Therapy is based on relating, and relating in the specific manner of an existential dialogue (Yontef, 1969, 1976, 1980).

Although the Gestalt Therapy literature repeatedly discusses contact and withdrawal, it is insufficiently emphasized or elaborated that it is dialogic contact that makes personal integration possible.

Contact means to appreciate the difference between self and other i.e., connect with and also differentiate and separate from the other. It requires movement between the polar opposites of confluence and isolation. Moreover, contact includes the requirement of awareness and responsibility for self. Dialogic contact requires that two selves be present.

Dialogic contact has five additional requirements (Yontef, 1980):

(1) Inclusion: putting oneself respectfully and emphatically in the pole of the awareness of the other person in the bipolar relationship.

(2) Presence: the therapist must overtly manifest his presence as a person.

(3) Commitment to Dialogue: in addition to being present and practicing inclusion the dialogue requires the therapist to surrender himself to the between, to what emerges truly from the dialogue between patient and himself rather than from his own clinical game plan.

(4) Non-exploitation: a dialogic therapist does not exploit a patient. Failure to adhere to the ethics, motivation, focus, preparation, etc. of the professional contract is exploitative.

(5) Living the Relationship: a dialogue is lived rather than just talked about. The emphasis here is not against talk, but pro-life. Contacting with caring, curiosity, anger, cooperation, rather than merely discussing.

C. Field Theory

The least adequately discussed aspect of Gestalt Therapy is field theory. Field theory is a contribution to Gestalt Therapy from Gestalt Psychology. Gestalt Psychology was one source of the idea of an experimental phenomenology.

It provided specific concepts such as figure/ground, unfinished business, and other concepts at this level of abstraction. However, the main contribution of Gestalt Psychology to Gestalt Therapy was introducing the basic conceptual foundation of modern scientific thought (relativity and field theory).

Ignorance of field theory seriously distorts the basic conceptual understanding of Gestalt Therapy. However, in terms of clinical practice this seems to be the easiest of the three basic foundation principles for a trainer to be ignorant of or to ignore.

Concepts such as "what," "how," "process," "polarity versus dichotomy," "now," "structure-function," are best understood in the context of some abstract principles that together constitute field theory. Arbitrarily, I will group the basic field theory into seven principles.

(1) Everything is lawful, even unique events.

(2) Every event is determined by a complex whole (field) composed of multiple interrelated forces including the person and the situation (Lewin; Principle of Relatedness).

(3) There are no dichotomies, only continuities and polarities.

(4) Everything is process.

(5) Structure and function are inseperable.

(6) Lewin states that: historical-geographical constancy is replaced by the Principle of Concreteness and Contemporaneity (1935). Every event is determined by concrete processes that are occuring in the present with the central focus on the position of the part in the whole.

(7) Reality is relative to one's position in time, space and awareness. All events are seen in terms of these coordinates. All realities have their own validity.

II: Therapist Self-Support

Understanding the role of the personality of the therapist in the progress of the therapy has definitely advanced in the last decade of Gestalt Therapy training. There has been an increasing appreciation of the central importance of the relationship in therapy and the differential effect of different therapist styles of relating.

One key defining feature distinguishing Gestalt Therapy from psychoanalysis is the kind of relationship sought and the concomitant manner of therapist presence. A transference neurosis requires a manifest distance or remoteness by the analyst regardless of his personal warmth and concern. As discussed above, a dialgoic therapy requires a fuller expression or presence by the therapist (Yontef, 1980). In earlier decades, Gestalt Therapy emphasized the phenomenological aspect of Gestalt Therapy and the active presence of the therapist without sufficient clarification as to the type of presence appropriate for the therapeutic task.

To some extent the therapist is the therapeutic tool. In order to support this, therapists and trainees need sufficient psychotherapy and psychotherapeutic-like growth experiences to be able to make intimate contact, both one-to-one and in groups, based on authentic expression of themselves and accurate empathetic reading of others. This means the therapist working through anxiety, shame, embarassment and other blocks to good contact. It means the therapist not manipulating for external support but rather being able to support himself and organismically regulate himself while concentrating on the patient's therapeutic tasks.

Including psychotherapy as a part of training is certainly not new or unique. However, we have increasingly found it a vital part of our training program. As a dialogic therapy, Gestalt Therapy requires a high level of self-understanding, self-acceptance, characterological maturity and ability to make vulnerable and intimate contact under adverse conditions. The therapist must be able to recognize projection and other counter-transference distortions.

We found that individual and group Gestalt Therapy are necessary pre-requisites to effective Gestalt Therapy training. When we allowed trainees to enter the training phase without it, they would defensively cling to rules or techniques; working on their characterological barriers late in training was much less effective. We now have three trimesters of experiential group experience preceding the training phase and individual Gestalt Therapy during the training phase for those trainees who have not had it.

III: Professional Background, Clinical Sophistication

Gestalt Therapists have too often assumed that they could do pyschotherapy dealing with basic character structure without a developmental or diagnostic typology. A long-needed advance that has begun to take effect has been an increased utilization of current psychoanalytic experience and wisdom in Gestalt Therapy.[6] Gestalt Therapy is present-centered and uses the here and now emphasis of phenomenology and dialogue to work through old conflicts. This emphasizes the processes of relating and sensing rather than the content of interpretation. By contrast, psychoanalysis has taken a developmental, historical approach in which the content of interpretations and the transference aspect of relationships are stressed. Gestalt Therapy has much to learn from psychoanalysis, especially in understanding the character structure of individual patients. A cross-fertilization would also benefit those psychoanalysts who have believed that only through psychoanalysis could working through take place.

The revised Los Angeles program includes attention to diagnosis, personality theory and practical clinical supervision with a diverse range of clients. Trainees are required to be in a consultation group (or individual consultation) in addition to the training group. In the training group trainees do therapy with each other with the guidance of a different trainer each trimester. The trainee also chooses a consultant that does not change each trimester. With this consultant, trainees work in improving their understanding of the Gestalt Therapy work they do with actual patients. This may mean bringing live patients into the consultation, sometimes role playing or case consultation. In consultation, the didactic discussions include theoretical material from Gestalt Therapy and many other sources including psychodynamic formulations, diagnosis, personality theory, etc. The consultation process gives a breadth of understanding that enables the trainer and trainee not only to consider diagnostic issues, but also transference and counter transference.

In addition, trainees are required to get intensive supervision at our low fee, public clinic. This enables trainees to work with a different clientele and to go deeper into the dynamics of a single case. The results have been dramatic.

In our certification process we now have a separate step that requires an understanding of diagnosis, personality theory, and how the trainee deals with

[6]In this paper I include all psychoanalytic schools in the term "psychoanalytic" including Freudian, British Object Relations, psychology of the self (Kohut), etc.

these factors in Gestalt Therapy.

Psychoanalytically-informed Gestalt Therapy. An advance for Gestalt Therapy as a phenomenological and dialogic therapy is to utilize psychoanalytic insights to sharpen the therapist's sensitivity to certain themes, alertness to aspects of syndromes that are easy to miss or mistake, awareness of issues of continuity over time, sequencing in consideration of issues, sophistication on necessary structure and support for particular types of explorations with different types of patients, etc.

When and how does one focus on the theme presented by the patient or explicitly focus on either the awareness process of the patient or the interaction between therapist and patient or deal with the developmental experiences that are the background for the current adaptation of the patient? Is it advisable to confront a particular patient with his acting-out behavior, or better to let that be background while other work is proceeding?

For example, we can briefly and superficially discuss the borderline patient. This patient needs a strong emphasis on here-and-now contact, personal self-support and responsibility in preparation for slowly working through developmental material. A purely here-and-now approach or quickly moving into memories of the past and unfinished business with parents are contraindicated. Body work and expressive work that is not carefully preceded and followed by grounding in the present increases the risk of severe regression and acting out. A supportive and soft attitude without firm limit setting and confrontation will often lead to a worsening of a patient's condition. This may not be evident until a year or two after the beginning of therapy. In contrast, confrontation and limit setting with a shame-ridden neurotic patient without soft and empathetic contact risks an increase in the shame orientation.

Thematically, the therapist working with the borderline patient must clarify his caring and not taking care of the patient as the very first issue. The wish to be taken care of and acting weak and incompetent must be brought into awareness and the destructiveness of that and the acting out must be confronted. The crucial feelings about abandonment and engulfment are dealt with later.

The awareness process of the borderline with its splitting, projective identification, distancing and clinging defenses all need to be well understood by the therapist and how and when they may be dealt with. Of course, other syndromes require an equally well differentiated level of understanding.

Gestalt Therapy Without These Advances

Without the discipline discussed above, there are community level consequences. These were discussed above. There are also consequences for the practice of Gestalt Therapy. There are four common negative consequences of not having adequate personal Gestalt Therapy, knowledge of basic principles or clinical sophistication.

Track and follow; no clarity, no map. The therapist can observe, react and lead Gestalt Therapy exercises. The here-and-now grounding may be done well. However, for a serious psychotherapy there is a missing clarity that would guide the work to deal with the major characterological issues of the patient and the concomitant developmental reconstructive work that is needed.

Technique only, no presence. The therapist can use technique but does not manifest himself with his liveliness, creativity, feelings and senses.

Good contact, no discipline. The therapist without adequate professional background may be able to make excellent contact, thus being different than a

technique only or track and follow therapist. However, good contact alone is not enough.

Narcissistic presence. The most dangerous trait is the therapist who shows great presence, even charisma and creativity, but for his own aggrandisement disguised as service to the patient. The presence of the therapist unrelated to the patient's task is a narcissistic intrusion and an exploitation of the patient.

Summary

Times have changed in the four decades since the beginning of Gestalt Therapy. Neither slavishly repeating old cliches nor blithely discarding old knowledge is adequate. Growth, transformation that dialectically integrates the themes of the old with the antithesis of the new into a creative synthesis, by its nature requires excellence.

Gestalt Therapy is in a growth crisis. In this article I advocate increased attention to the abuses of Gestalt Therapy patients by narcissistic and poorly trained therapists. We need a literature and teaching approach that defines Gestalt Therapy in terms of the core principles of experimental phenomenology, dialogic existentialism and field theory and that integrates a wide range of clinical knowledge into the Gestalt Therapy system. Finally, we need to organize a national Gestalt Therapy association whose aim is excellence and competence in Gestalt Therapy training and the advancement of the theory and development of Gestalt Therapy.

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